

Human Resources Department 3300 Capitol Avenue, Bldg. B, P.O. Box 5006 Fremont CA 94537-5006

Phone: (510) 494-4660 Job Hotline: (510) 494-4669

For Office Use Only	

EMPLOYMENT APPLICATION

- An electronic version of this form is available on the City's website. Once you have completed the form, you can mail it to Human Resources at the address above or place it in the Employment Application Drop Box at 3300 Capitol Avenue, between Buildings A & B. Otherwise, please print clearly using black or blue ink.
- Check the job announcement to see if a resume or a supplemental questionnaire is required.
- Notify the Human Resources Department, if you require reasonable accommodation in the testing process.
- If you have difficulty completing this application, please contact the Human Resources Department.

Position Desired (A separate application is required for each position.)

Position Desired (give exact title	e):			
Personal Information	n (Please notify us of any chang	ge of address or phone nu	mber.)	
Last Name:		First Name:		
Street Address:			Apt. No.:	
City:			State/Zip:	
Home Phone: ()	Alternate Phone	e: ()	Work Phone: ()
Social Security No. (Voluntary):	Ema	ail Address:		
Do you currently possess a valid CA Driver's License?] Yes No License Numbe	r:	Exp. Date:	Class:
If hired, can you provide evider	nce of your legal right to work in	the USA? Yes N	lo	
Do you have any relatives emp	loyed by the City of Fremont?] Yes □ No		
Have you ever previously applied for work with, or been employed by, the City of Fremont? Yes No				
If yes, when and for/in what po	nsition?			
Are you able to perform the essential functions of the job for which you are applying, either with or without accommodation? \(\subseteq \text{ Yes} \subseteq \text{ No} \)				
If no, please describe the functions which you cannot perform:				
The City of Fremont complies with the Fair Employment and Housing Act (FEHA) and all other disability laws. We will consider reasonable accommodation measures that may be necessary for eligible applicants/employees to perform essential functions, unless accommodation would cause undue hardship.				
Education & Training	, , ,	to perform essential runction	s, unless accommodation would ca	use undue nardsnip.
	Name of School	Location	Did you graduate?	
			. , 5	
High School:			☐ Yes ☐ No [☐ GED or equivalent
	Name of School	Location	Degree/Major	Units Completed
College/University:				
Trade/Business School:				

Name of Applicant: Position Desired: Certificates, Licenses & Skills (Attach additional pages, if needed) Name of License(s) & Certificate Number **Expiration Date** State Software Applications: Typing WPM: Do you have any foreign language skills which may be applicable to the position for which you are applying?

Yes

No If yes, indicate what language(s), and for each whether you can (1) speak, (2) read, and (3) write in that language: List any award(s), publication(s), qualifications for the position, etc. which are not listed in another area of the application. **Experience** List your most recent experience first and account for all experience during the last 10 years including U.S. Military Service and/or volunteer experience. List each change in title or promotion separately. Attach additional pages if needed. You may attach your resume or job-related certificates. A resume is not a substitute for completing this section of the application. Job Title: Name of Employer: Supervisor's Phone: () Supervisor's Name: Street Address: State/Zip: To (Mo./Yr.): Hours per week: From (Mo./Yr.): Salary: **Duties Performed:** # Supervised: Reason for Leaving: **Experience** (continued) Name of Employer: Job Title: Supervisor's Phone: () Supervisor's Name: Street Address: City: State/Zip: From (Mo./Yr.): To (Mo./Yr.): Hours per week: Salary: Duties Performed: # Supervised:

Reason for Leaving:

Name of Applicant:		Position Desired:	
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: ()	
Street Address:		City:	State/Zip:
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			# Supervised:
Reason for Leaving:			
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: ()	
Street Address:		City:	State/Zip:
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			# Supervised:
Reason for Leaving:			
Experience (continued)			
Name of Employer:		Job Title:	
Supervisor's Name:		Supervisor's Phone: ()	
Street Address:		City:	State/Zip:
	To (Mo (Va)		·
From (Mo./Yr.):	To (Mo./Yr.):	Hours per week:	Salary:
Duties Performed:			# Supervised:
Reason for Leaving:			

Name of Applicant:	Position Desired:
May we contact your present employer regarding your qualifications and	work record? Yes No
May we contact your past employers regarding your qualifications and we	ork record?
Have you ever been terminated, other than layoff, or forced to resign or If so, please give name of employer, dates of employment and reasons be	
Conviction Have you ever been convicted of a felony or misdemeanor? A "conviction"	o" is any plea, verdict or finding of quilt regardless of whether or not
a court imposed a sentence. You may exclude any conviction for marijua since age 18, excluding minor traffic violations and convictions that have automatically disqualify you. The nature of the offense, the date of the offense to the position sought may be considered. If not, indicate "not a	been sealed, expunged, or eradicated. Convictions do not offense, the surrounding circumstances, and the relevance of the
Agreement of Applicant: I certify that the statements in this application is	
best of my knowledge, and understand that misrepresentation or deliberagree to be fingerprinted, to sign an oath of office, and to furnish proof of may be required as a condition of employment.	ate omission of fact may subject me to disqualification or dismissal. I
Signature	Date
Submit your comple: Human Resources Department ● City of Fremont ● P.O. Box 5006	
Recruitment Questionnaire	
I <u>first</u> learned about this employment opportunity through:	
A City employee (specify employee name):	
☐ Friend or relative	
☐ The City's Job Hotline	
☐ The Employment page on the City's website	
☐ The City of Fremont Human Resources Department	
☐ Another job page on the internet (specify website):	
☐ Job Fair (specify which job fair and the location):	
Print advertisement (specify newspaper or magazine):	
☐ A publicly-posted brochure (specify where posted):	
☐ Other (specify):	

Position Desired:

Employment Questionnaire

Please respond to the following questions and submit this form with your application packet. The completed form is confidential and will be detached from your application. This information is voluntary and is gathered in accordance with State and Federal laws.

Check one:
Female
Male
Check one or more:
American Indian or Alaskan Native – All persons having origins in any of the original peoples of North and South America (including Central America) and who maintain cultural identification through tribal affiliation or community recognition. Tribal affiliation:
<u>Asian</u> – All persons having origins in any of the original peoples of the Far East, Southeast Asia, and Indian subcontinent or the Pacific Islands. These areas include, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.
Black or African American – All persons having origins in any of the Black racial groups of Africa.
<u>Hispanic or Latino</u> – All persons of Mexican, Puerto Rican, Cuban, Central or South American, or other Spanish culture or origin, regardless of race.
<u>Native Hawaiian or Other Pacific Islander</u> – All persons having origins in any of the original peoples of Hawaii, Guam, Samoa, or other Pacific Islands.
White – All persons having origins in any of the original peoples of Europe, the Middle East or North Africa.